

UTERINE PAIN.

In metritis pain is universally recognized. Dubois has described a condition of the uterus in which pain is alone the only abnormality desirable—a hyperæsthesia sometimes diffused, at other times more localized in the cervical region. The dysmenorrhœa of neuroæsthenics temporarily exhibits this condition.

The following classification will be found convenient for description :

- (a) Spontaneous uterine pain.
- (b) Pain caused by direct contact, or by examination.
- (c) Pain of a chronic neuralgic character associated with traumatism.
- (d) Uterine spasm and periuterine pain of variable reflex origin.

(a) SPONTANEOUS UTERINE PAIN.

- (a) Painful spasms of menstruation.

Pain of this character is present in :

- (1) Young females of a highly-nervous constitution.
- (2) Those of a rheumatic taint, and those subject to neuralgias, especially migraine.
- (3) Those of a lymphatic or debilitated constitution. The excessive tumefaction of the uterine mucosa during menstruation, owing to the feeble resistance of the tissues explains the painful sensations which are produced at the moment of excretion of the blood.

The pain occurs in these different conditions at the period of predisposition to neuralgic or spasmodic phenomena menstruation, when the canal is obstructed with turgid membrane, or by flexion due to an atrophied zone, or by a leucorrhœal secretion, increased previous to the flood, or by difficult excretion of mucous after the flood, by spasmodic reaction of the uterus, and varied reflexes.

The pain experienced during accouchement appears interesting here by way of comparison. The nervous distribution in the genitive organs is such that the sensitive impressions proceed parallel with the involuntary reflex contractions, and also with voluntary efforts.

In the period of dilatation the pain is due to stretching of the nerves of the cervix and upper part of the vagina, this being the most sensitive zone of the canal. The reflex uterine contractions are also the result of impressions localized at this point. In this mechanism we have exhibited uterine colic in its most complete form. More widely distributed reflexes also result from similar irritation. Circulatory and digestive disturbances, pallor, syncope, nausea, vomiting and also